
 <div style="display: inline-block; text-align: center;">             United States  <b>Environmental Protection Agency</b>              Washington, DC 20460           </div>		<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Other</b>	OPP Identifier Number
<b>Application for Pesticide - Section I</b>			
1. Company/Product Number 92082-		2. EPA Product Manager E. Miederhoff	
4. Company/Product (Name) 2015		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code)  Allied Bioscience Inc. 100 Crescent Court, Suite 450 Dallas, Texas 75201  <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____  Product Name _____	
<b>Section - II</b>			
<input type="checkbox"/> Amendment - Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____  <input type="checkbox"/> "Me Too" Application.  <input checked="" type="checkbox"/> Other - Explain below.	
<b>Explanation:</b> Use additional page(s) if necessary. (For section I and Section II.)  Initial application for registration.  PRIA Category: A540 PRIA Fee: \$5,107 Contact: tmurray@SciReg.com			
<b>Section - III</b>			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* <b>Certification must be submitted</b> If "Yes" Unit Packaging wgt.    No. Per Container		If "Yes" Package wgt    No. Per Container	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 gal., 5 gal., 50 gal.	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		5. Location of Label Directions <input checked="" type="checkbox"/> On label. <input type="checkbox"/> On label accompanying product.	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Other _____			
<b>Section - IV</b>			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Tyler B. Murray		Title Agent	
		Telephone No. (Include Area Code) 703/494-6500	
<b>Certification</b> I certify that the statements which I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="border: 1px solid black; padding: 5px; text-align: center;">(Stamped)</div>
2. Signature 		3. Title Agent (SciReg, Inc.)	
4. Typed Name Tyler B. Murray		5. Date 4/23/2018	